| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | Application or Docket Number 181576462 | | | |
|---|--|---|---|---|-----------------------------------|------------------|------------------------|--|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL EN | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
| U.S. NATIONAL STAGE FEES | | | | | | RATE | FEE | , . | RATE | FEE | |
| BASIC FEE | | | SMALL ENT. = \$ | 150 LAR | GE ENT. = \$ 300 | BASIC FEE | | OR | BASIC FEE | 310 | |
| EXAMINATION FEE | | | Satisfies PCT-Article (4) = \$50/\$1 | 00 1 | ther situations = 100 / \$ 200 | EXAM. FEE | | | EXAM, FEE | 200 | |
| SEARCH FEE | | | U.S. is ISA = \$50 / ALL other countrie \$ 200 / \$ 400 | i Alia | ther situations = 250 / \$ 500 | SEARCH FEE | | | SEARCH FEE | 400 | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 1 | 100 = | / 50 = | X \$ 125 = | | | X \$ 250 = | | |
| TOTAL CHARGEABLE CLAIMS | | | Of minus | 20 = . | | X \$ 25 = | | OR | X \$ 50 = | | |
| INDEPENDENT CLAIMS | | | minu | s 3 = . | | X \$ 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | +\$ 180 = | | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | | OR | TOTAL | 900 | |
| | (| CLAIMS AS (Column 1) | SMALL | | OR | OTHER SMALL E | NTITY | | | | |
| AMENDMENTA | 4/20/04 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | TIONAL FEE | : | RATE | ADDI:" TIONAL FEE | |
| | Total | .9 | Minus . ** | 20 | = \ | X \$ 25 = | | OR | X \$ 50 = | ٠ ٢ | |
| | Independent | •) | Minus ** | . ख | = | X \$ 100 = | | OR. | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| TOTAL ADDIT. FEE | | | | | | | | OR | TOTAL ADDIT. FEE | | |
| | | | | | | | | | |) : | |
| - R | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| MEN | Total | * | Minus · ** | | = | X \$ 25 = | | OR | X \$ 50 = | | |
| AMENDMENT B | Independent | • | Minus | • | = 7 | X \$ 100 = | | OR | X \$ 200.= | | |
| ₹ | | ENTATION OF N | MULTIPLE DEPENI | DENT CLAIM | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | TOTAL ADDIT | | OR | TOTAL ADDIT. FEE | | |
| | | | | | | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |